

# Iowa Medicaid Enterprise “Endeavors Update”



*A Communications Effort to Strengthen Partnerships*

## Iowa Medicaid Director’s Column

**Terry E. Branstad, Governor**  
**Kim Reynolds, Lt. Governor**

*Iowa Department of Human Services*  
*Charles M. Palmer, Director*  
*Jennifer Vermeer, Medicaid Director*

### Special points of interest:

- Mental Health Awareness
- Remedial Service Transition Update
- Understanding HCBS Waivers
- Focus on Provider Services
- Newsletter Reader Survey

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Welcome to the 10th edition of the IME Newsletter. May is Mental Health Awareness Month and as we all work to educate the public about mental illness and reduce the stigma that motivates society to discriminate against people with mental illness I want to point out several related articles of interest about Medicaid’s role in the mental health delivery system. Below you will find an in-depth update on a significant change in the way that Iowa Medi-

caid is providing services to children and adults in need of remedial services. In our “Better Understanding HCBS Waivers” series we examine the Children’s Mental Health Waiver and we have included a brief article about mental health reform under 2011 legislation. The National Alliance for Mental Illness (NAMI) estimates that mental illness affects one in four families. They further note that research shows “50 percent of mental illness begins by

age 14 and 75 percent by age 24”. Obviously early and accurate intervention for children with mental illness and their families can have an impact on many lives.



## Reminder: Remedial Services Transitioning to Managed Care

“This change has the potential to improve service delivery for individuals with mental illness” according to Medicaid Director Vermeer. As we have reported in previous newsletters on July 1, 2011, Iowa Medicaid’s Remedial Services is transitioning from a “fee-for-service” program to a managed care program. The change follows months of study (at the

direction of the Iowa Legislature), planning by Medicaid administrators and input from stakeholders. This change has the potential to allow for greater integration and coordination of care for individuals in need and improved health outcomes.

Let’s step back and describe remedial services in Iowa today because there have

been significant changes to these services over the last several years. Prior to 2006, remedial services were provided as rehabilitative treatment and support services through the Child Welfare and Juvenile Justice system and the adult rehab option program for adults. In 2006, after significant planning, remedial services were created as a separate service

*Children utilize 96% of Medicaid remedial services. Between fiscal years 2008-2009 there was a 54% increase in remedial care utilizers; the largest increase among the 18-20 year age range.*

*Remedial services providers assist individuals in learning age appropriate ways to manage their behavior and regain self-control.*

## Remedial Services Transition (Continued)

provided on a fee-for-service basis in the Iowa Medicaid program. With this transition to Medicaid, came increased authorization requirements, new billing practices and a new fee structure.

Let's describe remedial services in order to better understand the type of care provided. Remedial services are non-clinical services that provide skill development to overcome mental health symptoms and behaviors. To be eligible for federal Medicaid match dollars, the services must be rehabilitative in nature, that is, the service must improve function. Currently, remedial services are an umbrella category that can mean the following; for those 20 years of age and younger it can

include community psychiatric support, crisis intervention to de-escalate situations in which a risk to self, others or property exists, and health or behavioral intervention. For those individuals age 18 or older, services can include rehabilitation programs, skills training and skills development.

Because this service to vulnerable Iowans is funded by taxpayer dollars the cost and possible cost-containment measures must be considered by policy makers and administrators. Despite the efforts of Iowa Medicaid to closely monitor utilization of remedial services, the cost for these services have grown at a much steeper rate than the Medicaid program generally, increasing by 21% between 2008 and

2009 while other services in Medicaid rose by 7%. Medicaid's spending on remedial services totaled approximately \$60 million in 2009.

Magellan Behavioral Care of Iowa has been chosen to manage the remedial services program when it transitions to a managed care program. Our vision of this program, that serves mostly children with mental health challenges, is improved coordination of care, improved health outcomes, clearer provider standards, improved provider credentialing and fair payment rates. This transition will strive to provide better care for individuals and better utilization of limited public funding for health care. We will keep you posted as the transition moves forward.

*Transition will mean greater integration and coordination of care for individuals in need and improved health outcomes.*



## IME Newsletter Survey Needs You

The IME newsletter, the "Endeavors Update", was launched in September 2010 as an effort to strengthen partnerships, promote understanding and

increase transparency. Do you think that we hit the mark? June will mark the last month of the initial phase of the project. We invite you to take this brief

survey meant to collect your thoughts about the newsletter's content, design and future. Please help us to evaluate and retool if necessary.

Link to reader survey and share your opinion:

<http://www.surveymonkey.com/s/imeReaderSurvey>

## Thank You Nurses!

Did you know that several units of the Iowa Medicaid Enterprise employ nurses? Nurses at the IME work in Medical Services, Member Services and Program Integrity. The IME Deputy Director, Julie Lovelady, is a Registered Nurse and contributed these thoughts in recognition of Nurses Week.

*“Nursing is often described as an art and a science, as it is a profession that embraces dedicated people with varied interests, strengths and passions because of the many opportunities the profession offers. The nurses at the IME come from various clinical back-*

*grounds equipped with years of expertise in their respective fields. They provide a valuable service to Iowa by assisting the Department to increase efficiency, quality, and effectiveness of Medicaid healthcare. They ensure services are affordable and sustainable for the State by providing a variety of services including prior authorization of certain services to ensure the service is medically necessary, ensuring members meet the “level of care” requirements to receive long term care services, disease management programs, quality assurance, and utilization review*

*to ensure the program is cost effective in the services provided. Iowa’s Medicaid Chronic Care management program focuses on members with complex health care needs and/or chronic conditions to provide health coaching and care management. The nurses promote member self-management skills and provide education on disease processes and healthy lifestyles. We appreciate the compassion, dedication, expertise, and commitment the nurses bring to the IME and wish them all a Happy Nurses Week.”*



Deputy Director Julie Lovelady

The American Nurses Association (ANA) has designated the theme of the 2011 Nurses Week as “Nurses Trusted to Care” and set celebrations for May 6-12. The Iowa Medicaid Enterprise wants to thank the nurses who work here in our office and those partners in health care delivery throughout the state.

### Children's Mental Health Waiver Outcomes

- Children are valued.
- Children are part of community life.
- Children develop & accomplish personal goals.
- Children maintain physical and mental health.
- Children are safe.
- Children and their families have an impact on the services they receive.

*"The purposes of this waiver are to provide those extra services needed by these children to help them to be safe, to maintain their physical and mental health, and to enable them to be part of community life. These services may be provided directly to the child or to the child's regular caregiver."*

*Le Howland  
HCBS Program  
Manager*



## Better Understanding HCBS Waivers: Children's Mental Health Waiver (Seventh in Series)

This month's series on "Better Understanding HCBS Waivers" will focus on the Children's Mental Health (CMH) Waiver. The CMH waiver provides services to children from birth to age 18 years. The funding provides services and a comprehensive support system for children with serious emotional disturbances.

These individuals must be diagnosed by a psychiatrist, psychologist or mental health professional as having a serious emotional disturbance (as defined in the DSMMD-IV). These services allow children to remain in their homes and communities

who would otherwise need to go to an institution for care. The cap on the cost of total monthly services is \$1,818.00. The services available under this waiver include environmental modifications and adaptive devices, family and community support services, in-home family therapy and respite. Some of the support interventions that families might receive include help with developing and maintaining a crisis support network for the child and family, modeling and coaching effective coping strategies, building resilience to the stigma of serious emo-

tional disorders, developing medication management skills, developing personal hygiene and grooming skills and developing positive socialization skills. Like all other HCBS waivers, the services under the waiver must be cost-effective; that means the cost of these services must be less than the cost of institutional care. Funding for the CMH Waiver was \$6.4 million (Federal, State & County) for state fiscal year 2010. As of May 1, 2011, there were 699 Iowans enrolled in the program. Another 938 individuals are currently on the waiting list.

### May is National Mental Health Awareness Month

According to NAMI, the National Alliance for Mental Illness, "Mental Illness is a serious medical illness that affects one in four families. No one is to blame, treatment works, but only half of people living with mental illness receive treatment."

Learn more at the NAMI website: <http://www.nami.org/>

Children's Mental Health Waiver Informational Packet:

[http://www.ime.state.ia.us/docs/CMH\\_Packet.pdf](http://www.ime.state.ia.us/docs/CMH_Packet.pdf)

HCBS Waiting List (updated May 5, 2011):

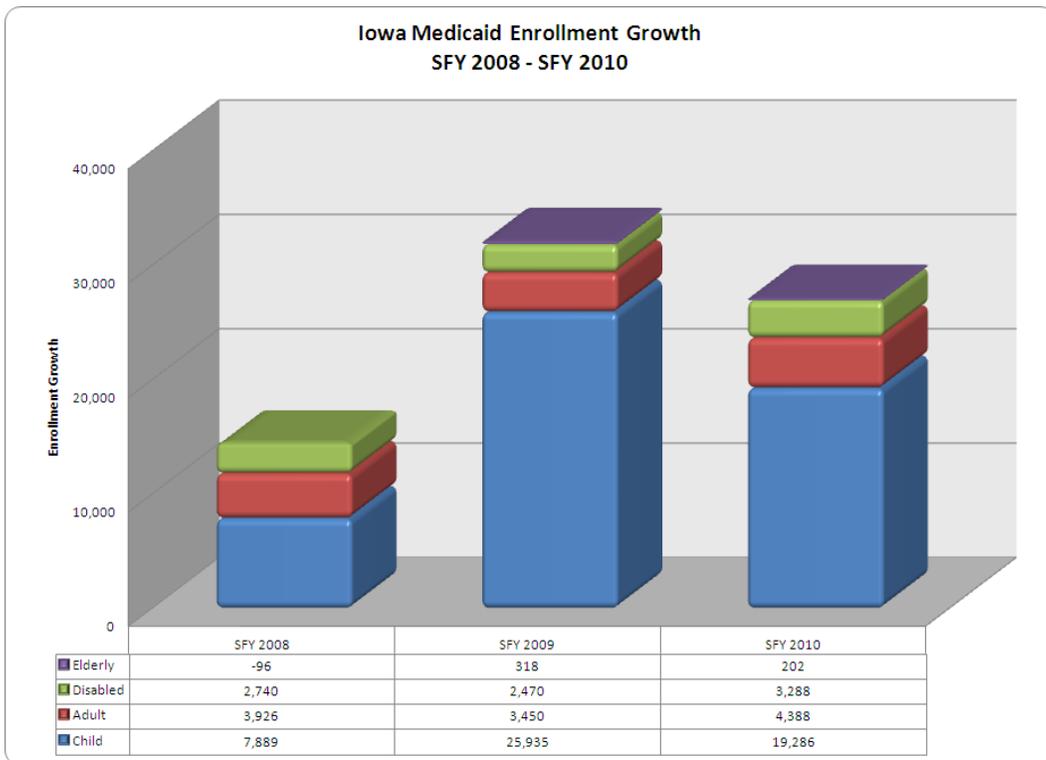
[http://www.ime.state.ia.us/docs/HCBS\\_MonthlySlotandWaitingList.pdf](http://www.ime.state.ia.us/docs/HCBS_MonthlySlotandWaitingList.pdf)

## Medicaid Projections: Enrollment Growth Explained

For several months we have been reporting about Medicaid enrollment growth and explaining that, although Medicaid enrollment continues to grow, the rate of growth has proven slower than expected. We are taking the opportunity in this edi-

tion to show you graphically what populations constitute the growth in enrollment over the past three state fiscal years. You can see from the graph that the largest population influencing growth is children. An additional 53,110 chil-

dren were enrolled over the three year period shown below. The number of children enrolled at the end of state fiscal year 2010 was 212,226. Children continue to constitute approximately half of the Medicaid recipients.



*Children continue to drive the growth in Medicaid enrollment.*



## Understanding the IME Units: Provider Services (Second in a Series)

*This series is intended to help increase awareness about the various, specialized units within the Iowa Medicaid Enterprise (IME).*

The Provider Services unit is the face of the IME to Medicaid providers, communicating important program information and identifying areas of concern. Provider Services is responsible for three principle business functions: customer service (call center and e-mail), Medicaid provider network administration and provider education and outreach. In carrying-out these functions, Provider Services seeks to deliver superior customer service and act as a provider advocate in Medicaid policy design.

On the front line of Medicaid provider communication is the call center. The center is open for 9 hours every business day and operates on an 80/30 performance model, meaning that 80% of inbound calls must be answered in 30 seconds or less. This answer speed compares favorably with most private insurance carriers in Iowa. The center responds to inquiries sent through the mail and a provider e-mail account and also assists providers in accessing or utilizing various web portals for Medicaid information or functions (such as accessing claim payment details, establishing electronic

claim submission, or confirming patient eligibility information).

Provider Services supports an extensive network of over 40,000 unique, enrolled National Provider Identifier numbers (from about 16,000 unique organizations). These providers range from large, urban hospitals to individuals providing personal care services in the home. Providers are enrolled into the network based on specific requirements established for each provider category which are re-checked regularly. Files are kept current for location and other details by processing change requests or through Medicaid administration oversight such as network inactivity analysis. Provider services is part of the overall Medicaid Program Integrity function, working closely to coordinate regular review activities and specialized audits.

Every year, in-person Provider Training is offered at locations across the state. **(See story in the April Newsletter.)** This is a chance for providers to make connections with the IME staff and learn about various aspects of Medicaid and voice concerns. General sessions orient provider clerical staff to the basics of interacting with the IME, while targeted modules address new programs or select areas of concern identified by the IME allowing for more detail. Provider services also advo-

cates for provider interests from within the Medicaid program.

Medicaid is complex and dynamic. State budgeting and federal requirements constantly tug and re-shape established policy; details need to be understood, communicated and implemented. Timeframes can often be outside the direct control of the IME. In this environment, as options are discussed, details vetted, and decisions are made, Provider Services is a voice at the table to ensure provider points of view are represented and program changes are as smooth as possible.

Provider Services identifies problems and gathers information through the call center. In addition, we have dedicated staff serving as liaisons to specific (large) provider accounts and professional organizations for feedback and issue identification. Once issues are identified, Provider Services then works with the various IME units to find solutions, improve processes or clarify policy for resolution. The Provider Service unit is an important piece of the IME, working to support a robust provider network in a variety of ways and assisting policy staff in administering the program efficiently.

*“Iowa is well positioned to manage the important responsibility we are assigned and maximize the potential of this program to support the quality of life for some of our state’s most vulnerable people.”*

*Bob Schlueter  
Provider Services  
Account Manager*



### Did You Know? In April 2011 Provider Services

- **Handled over 31,000 calls and nearly 2,500 letters and e-mails**
- **Processed over 1,200 application documents**
- **Kept average wait time for providers to reach a customer service representative to less than 12 seconds**

## Annual e-Health Summit Set for August

The Iowa e-Health vision is for a healthier Iowa through the use and exchange of electronic health information to improve patient-centered health care and population health. This year's Iowa e-Health Summit is bigger and better than ever. The 7<sup>th</sup> Annual Summit will be held August 11 and 12, 2011, at the Meadows Events and Conference Center in Altoona, Iowa. The first day will focus on meaningful use of electronic health records

and the second day will focus on health information exchange. This event is a combined effort of the IFMC Health Information Technology Regional Extension Center, the Iowa Medicaid Enterprise and the Iowa Department of Public Health. The Summit will feature keynote speakers from the Office of the National Coordinator, the Centers for Medicare & Medicaid Services (CMS), breakout sessions,

demonstrations, case studies, and more. You don't want to miss this opportunity to learn the latest on health information & technology (IT) in Iowa so mark your calendar. Look for more information to be shared in the near future on the HITREC website at:

[www.iowahitrec.org/events](http://www.iowahitrec.org/events).

## Mental Health Reform 2011: SF 525

Mental Health Reform received a significant amount of attention during the 2011 Legislative Session. Legislators moved forward with revisions by ending the current county-based system in 2013 and laying the groundwork to establish a new statewide or regional system in its place. Under legislation still pending at the time of this writing, the Iowa De-

partment of Human Services is tasked with developing a plan to implement the state's assumption of delivering mental health and disability services. The Legislature will remain actively involved with DHS tasked with conducting a planning process. A progress report is due in October 2011 and final recommendations by December 1, 2011, so the

Legislature can review and consider the recommendations and make further statutory and budget changes in the 2012 session. Part of this effort will include convening of stakeholder groups. If you are interested in monitoring these efforts, please plan to visit the DHS webpage for further information in the future.

*"It may well cost some more money, but I think the focus ought to really be on providing the best services, making sure they're accessible everywhere in Iowa, that we have a uniform system that also provides assistance and treatment for people as close to home as possible."*

*Governor Terry Branstad (during the Governor's weekly press conference as reported by Radio Iowa April 11, 2011)*

## Medical Home Model to Improve the Iowa Early Hearing Detection and Intervention System

This month's "Medical Minute" by the IME Medical Director, Dr. Jason Kessler, discusses the Iowa Early Hearing Intervention System and how the Medical Home model is being engaged to

educate health care providers to promote follow-up, make appropriate referrals, and support families. Please read the Medical Minute at the link below to learn more about the goals

of the Early Hearing Detection and Intervention program and the new efforts.



Medicaid Medical Director  
Dr. Jason Kessler

<http://www.ime.state.ia.us/Providers/Newsletters.html>



*Iowa Medicaid programs serve Iowa's most vulnerable population, including children, the disabled and the elderly.*

We're on the web!

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*The Iowa Medicaid Enterprise (IME) is an endeavor, started in 2005, to unite State staff with "best of breed" contractors into a performance-based model for administration of the Medicaid program.*

*The Medicaid program is funded by State and Federal governments with a total budget of approximately \$4.2 billion. The \$4.2 billion funds payments for medical claims to over 38,000 health care providers statewide.*

*Iowa Medicaid is the second largest health care payer in Iowa. The program is expected to serve over 656,000 Iowans, or 21% of the population in State Fiscal Year 2012.*

## **Iowa Medicaid Upcoming Events: June & July 2011**

June 1	Drug Utilization Review (THIS MEETING HAS BEEN CANCELLED) <a href="http://www.iadur.org/meetings">http://www.iadur.org/meetings</a>
June-August	Annual Provider Trainings 2011 <a href="http://www.ime.state.ia.us/Providers/ATRegistration.html">http://www.ime.state.ia.us/Providers/ATRegistration.html</a>
June 9	Pharmaceutical & Therapeutics Committee <a href="http://www.iowamedicaidpdl.com/index.pl/pt_committee_info?oCache=461;1302809163">http://www.iowamedicaidpdl.com/index.pl/pt_committee_info?oCache=461;1302809163</a>
June 20	<b>hawk-i</b> Board Meeting <a href="http://www.hawk-i.org/en_US/board.html">http://www.hawk-i.org/en_US/board.html</a>
June 21	MAAC Executive Committee <a href="http://www.ime.state.ia.us/MAAC/#search='maac'">http://www.ime.state.ia.us/MAAC/#search='maac'</a>
July 6	MAAC Quarterly Meeting <a href="http://www.ime.state.ia.us/MAAC/#search='maac'">http://www.ime.state.ia.us/MAAC/#search='maac'</a>

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